CHAPTER 3 INITIAL SERVICE REVIEW

Goals

The initial service review process began in February 2005. The purpose of the initial service reviews is to:

- Assist agencies in determining whether the level and intensity of services being administered to consumers is appropriately matched to their level of need;
- Assess whether the treatments and support services are successfully helping consumers to meet their identified Individual Service Plan goals;
- Improve consistency in delivering CSS and PNMI services; and to
- Identify quality improvement opportunities as well as evidenced-based treatment approaches.

As described in the Consent Decree work plan, the "service review process examines the quality of services and is not being implemented as a gate-keeping function". By engaging in dialogues with providers, DHHS is receiving a more complete overview of consumers' health and social service needs.

Method

Using the data compiled from the Enrollment Forms, DHHS chose criteria consumers enrolled in mental health services who had at least one year or more of treatment and who are covered by MaineCare to develop the service review list. A consumer sample was randomly selected from that result. Each provider was then sent its list of consumers by certified mail. The Clinical Advisors also received a sample list for the agencies in their regions.

The regional Clinical Advisor then contacted the provider to set up a proposed schedule for initial service reviews. All reviews were done over the telephone. Every effort was made to schedule initial service reviews at a time most convenient to the provider agency, whether that meant they were scheduled in blocks of time or based upon individual supervision times within the agency. If scheduling difficulties arose, the Beacon Health Strategies Clinical Program Manager was available to assist in resolving any barriers to completing these required tasks.

Providers were given a copy of the Initial Service Review Form before the telephonic review took place. A copy of the consumer's Individualized Service Plan was sent via certified mail or faxed to the Clinical Advisor prior to the initial service review. The telephonic review afforded the Clinical Advisors and providers an opportunity to have a quality clinical dialogue about the needs of consumers and the care they are receiving.

Once the initial service review was completed between the Clinical Advisor and the provider, the Clinical Advisor independently completed a Service Review summary. If the consumer met the designated criteria for re-review, a follow-up service review was

scheduled. See Chapter 4, Follow-up Service Review, for further discussion and the criteria for follow-up review.

Outcomes

Clinical Advisors conducted 1,047 reviews with 43 provider agencies statewide. The service reviews were well received and the clinical dialogue often served to shape a provider's treatment direction or duration. On more than one occasion, providers remarked that they found the service reviews to be concise, clinically focused and member centered. Provider specific, regional and statewide service review reports were generated after the completion of the initial service review activity. Each report contained data separated by class members and non-class members. The service review reports were further categorized by levels of care provided, diagnoses, LOCUS scores, GAF score range, number of psychiatric hospitalizations within the past 6 months,

the number of crisis assessments within the past 6 months, employment and reported substance abuse issues. Each category reported has Class Member and Non-Class Member specific data fields. The statewide service review reports are located in Appendix C.